

IDENTITY OF DECEASED

(For use of this form, see MEDDAC Memorandum 638-1.)

This is to certify that I have, on the date entered below my signature, viewed and identified the remains of

_____.

(Name of deceased)

Recognition was by facial features (and any other means used, if any).

I have known the deceased for _____.

(Length of time)

(Name)

(Grade)

(Organization)